**KISS: Management of Renal Colic**

Based on European Guidelines on Urolithiasis 2014 & BMJ2016;355:i6112

- **Typical symptoms** are loin or flank pain radiating to groin or genitalia, vomiting and sometimes fever but stones are often asymptomatic
  - Pain predominantly loin, groin or both
  - Patients typically restless with the pain
  - Urinary symptoms: distal stones often cause frequency, dysuria and urgency

- **Exclude important differential diagnoses e.g.** ectopic, torsion, appendicitis, cholecystitis, pancreatitis, peritonitis etc in older adults, abdominal aneurysm

- **Assess for possible sepsis**
  - *if fever and tachycardia, admit*
  - sepsis in the presence of an obstructed kidney is a surgical emergency

- **Dipstick urine** invisible haematuria seen in 80% to 85% of renal stones, so absence does not rule renal colic out

- **Pain management**
  - diclofenac oral (50-75mg), im (75mg) or PR (100mg) first-line, the PR suppository is the preferred route
  - if contraindicated, use opioids e.g. tramadol or in severe cases im morphine 5-10mg

- **Anti-emetics if vomiting**, especially if dehydrated e.g. 50mgs cyclizine

- **Refer immediately to hospital if:**
  - systematically unwell or febrile, or a history of fever and rigors
  - pain that does not settle within an hour of analgesia
  - persistent nausea and vomiting, especially if dehydrated
  - if they have a solitary functioning kidney or have had a kidney transplant
  - previous evidence of acute kidney injury

  - If immediate referral not necessary, follow local pathway for imaging and urology assessment (ideally should be within 7 to 14 days) if available, gold standard is immediate non-contrast CT scan (sensitivity and specificity 92%-100%)
  - if CT not available, USS or plain KUB

- **Stone expulsive therapy** Consider alpha blockers e.g. tamsulosin 0.4mg daily (NNT only 4 and halves the risk of surgical intervention, appears particularly beneficial in those with stones >5mm)

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